

## Data Collection on Admission to School: Pupil Information

This form is for completion by the Parent/Carer of every child once they have been given a place at the school.

Parents/Guardians must also complete the Contacts Information form giving **your** contact details as well as information on people to be contacted in the event of an emergency.

Please provide as much of the following information as you can. If you need help in completing the form, please contact Central Admin. The grey shaded areas are for the school's use.



Please return your completed form to the school.

### Student details

Legal Surname		Legal Forename	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Middle name (s)	
Preferred Surname		Preferred Forename	
Date of Birth			
Year Group		Reg Group	School use only
Address			
Postcode			
Student Telephone			

Does the student have siblings already attending The Weald?  Yes     No

If yes, please provide name and year group below.

Please tick one box only in each of the **Ethnicity** and **Religious Affiliation** categories and provide information on **Pupil's First Language**.

### Ethnicity

<input type="checkbox"/>	White British	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Gypsy
<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Gypsy - Roma
<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Other Gypsy/Roma
<input type="checkbox"/>	Any other white background	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Roma
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Traveller of Irish heritage
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Prefer not to say

### Pupil's first language

<input type="checkbox"/>	English	<input type="checkbox"/>	Other (please specify)	
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Is this the language spoken at home  Yes     No

### Religious Affiliation

Please tick one box

<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Christian	<input type="checkbox"/>	No religion
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Prefer not to say

## Medical Information

Please complete this section to ensure that our Pupil Services Receptionist is aware of any relevant information regarding your child's health, medical or physical development, such as medication, physical impairment, asthma or epilepsy which may affect his or her wellbeing and performance during school.

**Emergency Consent?** e.g. the school has permission to give/arrange emergency treatment. Please tick box if you **do not** give consent.  NO

**Dietary Needs** Please tick any that apply

<input type="checkbox"/>	Artificial colouring allergy	<input type="checkbox"/>	No nuts of any type/quantity
<input type="checkbox"/>	Gluten free	<input type="checkbox"/>	No pork
<input type="checkbox"/>	Halal	<input type="checkbox"/>	Seafood allergy
<input type="checkbox"/>	Kosher foods only	<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	No dairy produce	<input type="checkbox"/>	Wheat
<input type="checkbox"/>	Other (please specify)		

## Medical Practice

Doctor's Name		Surgery Name	
Surgery Address			
Telephone			

Does your child have a Healthcare Plan?  YES  NO

(If yes, please attach a copy when returning form)

I give permission for my child to be given one paracetamol  YES  NO

I give permission for my child to be given one ibuprofen  YES  NO

I give permission for my child to be given antihistamine  YES  NO

Medical Needs e.g. asthma, diabetes

Is there anything else (medical or otherwise) you think we should know about your child? e.g. Travel sickness, dietary requirements, activities can't participate in such as swimming?

# Passport and European Health Insurance Card (EHIC) Form

It is preferable that when starting The Weald School, all students have current passport and EHIC cards. This is so they can take part in the many overseas trips we offer at The Weald. EHIC's are free to claim and can be applied for directly at <https://www.ehic.org.uk/Internet/startApplication.do> Please note this is not an alternative to travel insurance.

## Student details

Name	
Date of Birth	
Year Group	
Form Group	

## Passport details

Full name on Passport	
Nationality of Passport	
Passport Number	
Passport issue date	
Passport expiry date	

## EHIC details

EHIC Card Number	
EHIC Card Expiry Date	

## Please let us know the following ...

- My child does not have a passport       I am currently applying for a passport
- My child does not have an EHIC card       I am applying for an EHIC Card

## Travel Arrangements

Please let us know how your child travels to school by ticking **one** of the following.

<input type="checkbox"/>	Car Share	<input type="checkbox"/>	Public Bus Service
<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Train
<input type="checkbox"/>	Dedicated school bus	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Other (please specify)		

Does this child have a parent(s) in regular HM Forces military units?  Yes       No

**Parent/Carer details**-Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency, in the order that you wish for them to be contacted. Mobile numbers will be set as the main contact number.

**Parent/Contact Priority 1**

Surname		Forename	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title (e.g. Mr, Mrs, Miss, Ms, Dr)	
Relationship to child	<input type="checkbox"/> Mother	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Foster Mother <input type="checkbox"/> Teacher
	<input type="checkbox"/> Father	<input type="checkbox"/> Religious/ Spiritual Contact	<input type="checkbox"/> Headteacher <input type="checkbox"/> Doctor
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Childminder	<input type="checkbox"/> Step Father <input type="checkbox"/> Carer
	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Foster Father	<input type="checkbox"/> Step Mother <input type="checkbox"/> Other Contact
Parental responsibility	Does this person have parental responsibility for this student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Court Order	Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide evidence of this.		
Telephone Number (s)			
Home		Work	
Mobile		Other	
Email			
Contact email address (to receive school communications)			
Address    Same as specified student address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please enter address below)			
If English is not your first language, please state what is (this may include British Sign Language).			

**Parent/Contact Priority 2**

Surname		Forename	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title (e.g. Mr, Mrs, Miss, Ms, Dr)	
Relationship to child	<input type="checkbox"/> Mother	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Foster Mother <input type="checkbox"/> Teacher
	<input type="checkbox"/> Father	<input type="checkbox"/> Religious/ Spiritual Contact	<input type="checkbox"/> Headteacher <input type="checkbox"/> Doctor
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Childminder	<input type="checkbox"/> Step Father <input type="checkbox"/> Carer
	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Foster Father	<input type="checkbox"/> Step Mother <input type="checkbox"/> Other Contact
Parental responsibility	Does this person have parental responsibility for this student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Court Order	Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide evidence of this.		
Telephone Number (s)			
Home		Work	
Mobile		Other	
Email			
Contact email address (to receive school communications)			
Address    Same as specified student address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please enter address below)			
If English is not your first language, please state what is (this may include British Sign Language).			

### Parent/Contact Priority 3

Surname		Forename	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title (e.g. Mr, Mrs, Miss, Ms, Dr)	
Relationship to child	<input type="checkbox"/> Mother	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Foster Mother <input type="checkbox"/> Teacher
	<input type="checkbox"/> Father	<input type="checkbox"/> Religious/ Spiritual Contact	<input type="checkbox"/> Headteacher <input type="checkbox"/> Doctor
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Childminder	<input type="checkbox"/> Step Father <input type="checkbox"/> Carer
	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Foster Father	<input type="checkbox"/> Step Mother <input type="checkbox"/> Other Contact
Parental responsibility	Does this person have parental responsibility for this student <input type="checkbox"/> Yes <input type="checkbox"/> No (see end of document for guidance)		
Court Order	Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number (s)			
Home		Work	
Mobile		Other	
Email			
Contact email address (to receive school communications)			
Address   Same as specified student address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please enter address below)			
If English is not your first language, please state what is (this may include British Sign Language).			

### Pupil's Previous School(s)

Most Recent School Name	
Most Recent School address, phone number and email address	
If your child attended an independent school, did they ever attend a local authority school? If yes, please provide details below.	
School Name	
School address, phone number and email address	

Please fill in the 'General Consent Form' overleaf.

# General Consent Form

Please read the supporting documents in this pack, tick the relevant boxes and sign below.

**Policy consent** (please tick to confirm you agree with each policy below)

<input type="checkbox"/>	The Weald/Home School Agreement
<input type="checkbox"/>	Responsible Student use of Information Communication Technology (ICT) Facilities and contract for Students for the Responsible Use of Information Communication Technology (ICT) Facilities at The Weald School
<input type="checkbox"/>	Bring Your Own Device (BYOD) Agreement
<input type="checkbox"/>	Code of Conduct for School Transport
<input type="checkbox"/>	Code of Conduct for Trips (Abroad and Non-Residential)
<input type="checkbox"/>	Drugs Policy

## Use of Imagery Consent

Please read the following conditions thoroughly and provide your consent as appropriate by ticking either 'Yes' or 'No' for each criteria.

The School will only publish images and videos of your child for the conditions that you provide consent for.

I provide consent to:	YES	NO
Photographing and videoing my child		
Using images and videos of my child on the school website		
Using images and videos of my child on social media, including the following: <ul style="list-style-type: none"> <li>• Twitter</li> <li>• Facebook</li> </ul>		
The local media using images and videos of my child to publicise school events and activities (only including the organisations outlined in the policy)		
Using images and videos of my child in marketing and promotional material		
Sharing my child's data with a school-appointed external photography company for official school images. This includes the following: <ul style="list-style-type: none"> <li>• Name</li> <li>• Registration Group</li> <li>• Roll Number</li> </ul>		

## Declaration

By signing this form I understand:

- Why my consent is required
- The reasons why The Weald uses images and videos of my child
- Which other organisation may use images and videos of my child
- The conditions under which the school uses images and videos of my child
- I have provided my consent above as appropriate and the school will use images and videos of my child in line with my requirements
- I have informed my child of my decision and they are aware of what I have and have not consented to
- I will be required to re-provide consent where any circumstances change

**I can amend or withdraw my consent at any time and must do so in writing to the Headteacher.**

## Use of Biometric Information In School

Having read guidance provided, please indicate, by completing the appropriate box below, if you consent or not to The Weald School taking and using information from your child's fingerprint as part of an automated biometric recognition system.

- This biometric information will be used by The Weald School for the purpose of administration of cashless canteen system and printing facilities.
- In signing this form, you are authorising The Weald School to use your child's biometric information for this purpose until he/she either leaves the school or ceases to use these systems.
- Once given, if you wish to withdraw your consent at any time, this must be done so in writing and sent to the School at the following address:  
The Weald School, Station Road, Billingshurst, West Sussex, RH14 9RY
- Once your child ceases to use the biometric system, his/her biometric information will be securely deleted by the school.

**I can amend or withdraw my consent at any time and must do so in writing to the Headteacher.**

<input type="checkbox"/>	I do give consent to information from the fingerprint of my child being taken and used by The Weald School for use as part of an automated biometric recognition system for the purpose of administration of a cashless canteen system and printing facilities.	<input type="checkbox"/>	I do <u>not</u> give consent to information from the fingerprint of my child being taken and used by The Weald School for any purpose.
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**I understand that it is my responsibility to update The Weald about any changes to the information provided in this form.**

**Data Protection:** The school is registered under the 1998 Data Protection Act for holding personal data. From May 2018, the "General Data Protection Regulation" became applicable and the school is ensuring all processes are GDPR compliant. For further details please see the Data Protection policy on our website.

<b>Parent/Carer Signature</b>	
<b>Student Signature</b>	
<b>Date</b>	